# Application for Employment With the Skokomish Indian Tribe

# Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application. Please print clearly in blue or black ink or type responses.

Last Name	First	MI	Date
Street Address			Home Telephone
City	State	Zip	Business Telephone
Have you ever applied for employment with If yes: Month and Year:	us? <b>ð</b> YES <b>ð</b> NO Position:		Social security
Are you a current employee? ð YES	ð NO If YES,	in which department?	
Position applying for		Pay Expec	ted
How did you learn of particular position?		-	
Apart from absence for religious observance If not, what hours can you work?	e, are you available for full-	time work? <b>ð</b> YE	S Ŏ NO
When will you be available to begin work?		Drivers Li	cense
Are you a Skokomish Tribal member? YAre you a member of a Federally Recognized	YES, my enrollment number d Tribe? YES, my enro	is: NO llment number is:	NO
List any specific training or skills relevant to		guage, machine operation,	

# Part 2. EDUCATION

<b>♦</b>	Are you a high scho	ool graduate or hav	ve you pass	ed a general educatio	n development (GED) test?	
		TCATO 11 1				

ð YES ð NO If NO, highest grade completed:\_\_\_\_\_

• List post high school training, including college, business school, military training, and other relevant education. If additional space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month & Year	r Credits Earned			Type of	Year
	Attended	Sem.	Qtr.	Major	Degree Awarded	Received
1.	From /					
	To /					
2.	From /					
	To /					
3.	From /					

To /			
♦ Please list your membership in any Professional or Ci your race, color, religion, or national origin.) If you is	_	•	-
1.			
2.			
3.			
4.			
Part 3. EMPLOYMENT HISTORY Please list your past five employers. Start with your press form for volunteer as well as paid experience. If you need 1. Present or Last Employer		blank form or	
Address	( )		e Month and Year)
		From: /	To: /
Name of Immediate Supervisor	Monthly Pay Start:	Last:	Average hours per week
Reason for leaving			
State Job Title and Specific Duties			
	E I 2 DI M		Iw
2. Previous Firm or Employer	Employer's Phone Num ( )	ber	May we contact this employer? <b>Ö</b> YES <b>Ö</b> NO
Address		Employed (State From: /	e Month and Year) To: /
Name of Immediate Supervisor	Monthly Pay Start:	Last:	Average hours per week
Reason for leaving			
State Job Title and Specific Duties			

# (Employment History Continued)

3. Previous Firm or Employer	Employer's Phone	Number	May we contact this
3. Previous Firm of Employer	( )	Number	employer? <b>ð</b> YES <b>ð</b> NO
Address		loyed (State Month and Y	
	From	: / To:	/
Name of Immediate Supervisor	Monthly Pay Start:	Last:	Average hours per week
Reason for leaving	Start.	Lust.	
State Job Title and Specific Duties			
State 300 Title and Specific Daties			
4. Previous Firm or Employer	Employer's Phone N	Number	May we contact this
	( )		employer? ð YES ð NO
Address		Employed (State From: /	Month and Year) To: /
Name of Immediate Supervisor	Monthly Pay	•	Average hours per week
	Start:	Last:	
Reason for leaving			
State Job Title and Specific Duties			
·			
5. Previous Firm or Employer	Employer's Phone N	Number	May we contact this
	( )		employer? ð YES ð NO
Address		Employed (State From: /	Month and Year) To: /
Name of Immediate Supervisor	Monthly Pay	•	Average hours per week
	Start:	Last:	
Reason for leaving			
State Job Title and Specific Duties	-	-	

•	Please list dates and reasons for any gaps in employment

# Part 3. REFERENCES

• Please list three employer references.

Name	Address	Phone Number	How many years acquainted?	Relationship
Name	Address	Phone Number ( ) -	How many years acquainted?	Relationship
Name	Address	Phone Number ( ) -	How many years acquainted?	Relationship

#### Part 4. MILITARY INFORMATION

Did you serve in the U.S. Armed Forces?	ð YES ð NO	If YES, what branch?

# Part 5. OTHER INFORMATION

Are you bondable? Ď YES Ď NO	Do you have a valid Washing State Drivers License?	ð YES	ð NO
Do you have transportation?	•	ð YES	ð NO
Please note anything that you feel would aid you in	seeking the position you are applying for.		
Have you ever been convicted of a felony? Are you on probation for either?  ð YES	ð YES ð NO Misdemeanor? ð YES ð ð NO	ð NO	
OPTIONAL			
Are you currently, or have you ever been a habitual	user of alcohol or habit forming non or prescription drugs?	ð YES	ð NO
If treatment was sought please describe when, when	re, and who provided treatment.		
A positive answer to any of the above questions do ask that you elaborate on the answer.	es not prohibit you from being hired for the position you are appl	ying for	We do

**Preference:** Indian preference applies with first preference given to enrolled Skokomish Tribal members. Applicants not entitled to or who fail to claim Indian preference will receive consideration without regard to ethnic/national origin, marital status, sexual orientation, religion, disability status, or membership in another Tribal organization.

**Drug-Free Workplace Policy:** The Skokomish Indian Tribe is committed to providing quality work and service by providing a healthy, safe, drug-free workplace for its employees, council members, and the community which it serves. To achieve this goal, final applicants for employment will be tested for illegal drugs and alcohol after receiving a conditional job offer.

#### Part 6. DATE AND SIGNATURE

All answers and statements made are true and completed to the best of my knowledge. Furthermore, I hereby give the Skokomish tribe permission to verify all information and references on this application.

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

Applicant's Signature	Date

Submit application with reference to Personnel Manager, Skokomish Indian tribe, 80 N. Tribal Center Road, Shelton, WA 98584

#### REFERENCE CHECK

Employer	Person Contacted	Results
1.		
2.		
3.		
4.		

#### TEST RESULTS

Test Administered	Raw Score	Rating	Analysis/Coments

#### **INTERVIEW RESULTS**

Interviewing Committee and Comments	
Committee Members	Comments
	<del>-</del>
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